

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Thorsten Bechert et al.
Serial No. : 10/585,606
Filed : May 17, 2007

Art Unit : 3772
Examiner : Kim M. Lewis
Confirmation No.: 7193
Notice of Allowance Date: June 12, 2009

Title : WOUND COVERING

MAIL STOP ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed June 12, 2009, enclosed is a completed Issue Fee Transmittal Form PTOL-85B.

Please apply \$1810 for the Issue Fee and Publication Fee and any other charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

/September 10, 2009/

/M. Angela Parsons/

Date: _____

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CERTIFICATE OF MAILING BY EFS-WEB FILING

I hereby certify that this paper was filed with the Patent and Trademark Office using the EFS-WEB system on this date: September 10, 2009

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Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**
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26191 7590 06/12/2009

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/585,606	05/17/2007	Thorsten Bechert	21270-0002US1	7193

TITLE OF INVENTION: **WOUND COVERING**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$1810	09/14/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEWIS, KIM M.	3772	602-048000

- | | | |
|--|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1. <u>Fish & Richardson P.C.</u>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
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| (A) NAME OF ASSIGNEE
Bio-Gate AG | (B) RESIDENCE (CITY and STATE OR COUNTRY)
Nuremberg, Germany |
|--|--|

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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5. **Change in Entity Status** (from status indicated above)
☐ .a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ .b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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(Authorized Signature) <u>/M. Angela Parsons/</u>	(Date) <u>September 10, 2009</u>
Typed or Printed Name <u>M. Angela Parsons, Ph.D.</u>	Registration No. <u>44,282</u>

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